

IAP6 Rec'd PCT/PTO 09 JUL 2007

PTO/SB/21 (09-06)

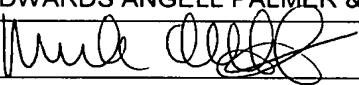
Approved for use through 03/31/2007. OMB 0651-0031

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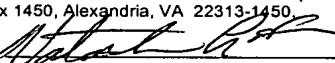
TRANSMITTAL FORM		Application Number 10/591,568
		Filing Date September 1, 2006
		First Named Inventor Rajagopal Bakthavatchalam
		Art Unit 1614
		Examiner Name Not Yet Assigned
Total Number of Pages in This Submission 1		Attorney Docket Number 61386(72021)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing (1 page) Response to Notice of Insufficient Fees (2 pages); Copy of Notice of Insufficient Fees (2 pages); First Preliminary Amendment (50 pages); PTO SB/08 (1 page); Copies of Cited References CA-CJ (84 pages); Return Receipt Postcard Charge \$4100.00 to deposit account
<input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Mark D. Russett		
Date	July 9, 2007	Reg. No.	41,281

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 971794541 US, on the date shown below in an envelope addressed to:
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Certificate of Express Mailing Under 37 CFR 1.10

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Date



Signature

Natasha French

Typed or printed name of person signing Certificate

Registration Number, if applicable

617-239-0100

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page)
Certificate of Express Mailing (1 page)
Response to Notice of Insufficient Fees (2 pages)
Copy of Notice of Insufficient Fees (2 pages)
First Preliminary Amendment (50 pages)
Information Disclosure Statement (2 pages)
PTO SB/08 (1 page)
Copies of Cited References CA-CJ (84 pages)
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Charge \$4100.00 to deposit account 04-1105

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL

For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **\$4100.00**)

Complete if Known

Application Number	10/591,568
Filing Date	September 1, 2006
First Named Inventor	Rajagopal Bakthavatchalam
Examiner Name	Not Yet Assigned
Art Unit	1614
Attorney Docket No.	61386(72021)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
78	58	50	2900	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
9	6	200	1200

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

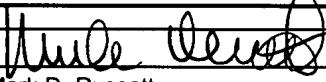
Other fees, late filing surcharge:

07/11/2007 GFREY 00000085 041105 10391588

01 FC:1615
02 FC:1614

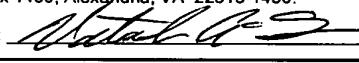
2900.00 DA
1200.00 DA

\$ _____

SUBMITTED BY		Registration No. (Attorney/Agent)	41,281	Telephone	(617) 239-0100
Name (Print/Type)	Mark D. Russett			Date	July 9, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 971794541 US, on the date shown below in an envelope addressed to:
MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 9, 2007

Signature:  (Natasha French)



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
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U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/591,568	Rajagopal Bakthavatchalam	61386(72021)

21874
 EDWARDS ANGELL PALMER & DODGE LLP
 P.O. BOX 55874
 BOSTON, MA 02205

INTERNATIONAL APPLICATION NO.
PCT/US05/06697

I.A. FILING DATE	PRIORITY DATE
03/04/2005	03/04/2004

CONFIRMATION NO. 6247
371 FORMALITIES LETTER



OC000000023845529

Date Mailed: 05/14/2007

Notification of Insufficient Fees (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 09/01/2006
- Copy of the International Search Report filed on 09/01/2006
- Oath or Declaration filed on 09/01/2006
- Request for Immediate Examination filed on 09/01/2006
- U.S. Basic National Fees filed on 09/01/2006
- Priority Documents filed on 09/01/2006
- Power of Attorney filed on 09/01/2006
- Specification filed on 09/01/2006
- Claims filed on 09/01/2006
- Abstracts filed on 09/01/2006

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of **\$6610** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fees required for this application is **\$6610** for a Large Entity:

- Total additional claim fee(s) for this application is **\$ 6610**
 - \$1800 for 9 independent claims over 3.
 - \$4450 for 89 total claims over 20.

- \$360 for multiple dependent claim surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web.
<https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html>

For more information about EFS-Web please call the USPTO Electronic Business Center at **1-866-217-9197** or visit our website at <http://www.uspto.gov/ebc>.

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

WINSTON M ALVARADO

Telephone: (703) 308-9140 EXT 206

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/591,568	PCT/US05/06697	61386(72021)

FORM PCT/DO/EO/923 (371 Formalities Notice)

Docket No.: 61386(72021)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rajagopal Bakthavatchalam et al.

Application No.: 10/591,568

Conf. No. 6247

Filed: September 1, 2006

Art Unit: 1614

For: ARALKYLAMINO-SUBSTITUTED
QUINAZOLINE ANALOGUES

Examiner: Not Yet Assigned

RESPONSE TO NOTIFICATION OF INSUFFICIENT FEES

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Notification of Insufficient Fess mailed May 14, 2007,
Applicant submits herewith a First Preliminary Amendment and Part 2 Copy of the
Notification.

Please charge our Deposit Account No. 04-1105 in the amount of \$4100.00
covering the excess claims fees.

Applicant requests any extension of time necessary for response. The Director
is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which

should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 61386(72021).

Dated: July 9, 2007

Respectfully submitted,

By 
Mark D. Russett

Registration No.: 41,281
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